

THIS IS YOUR MEDICARE CARD.
IT SHOWS IF YOU HAVE HOSPITAL
INSURANCE, MEDICAL INSURANCE,
OR BOTH. IT IS FOR YOUR USE
ONLY. SHOW YOUR CARD WHEN
YOU RECEIVE HEALTH SERVICES.
ON ANY CLAIMS, BILLS OR
CORRESPONDENCE BE SURE TO USE
YOUR NAME AND CLAIM NUMBER
EXACTLY AS SHOWN ON THIS CARD.

VALERIE YOUNG
BROOKLYN DEV CENTER
FDR VALERIE YOUNG
888 FOUNTAIN AVE
BROOKLYN NY 11205

L 0419 237381439C1

MEDICARE		HEALTH INSURANCE
SOCIAL SECURITY ACT		
NAME OF BENEFICIARY		
VALERIE YOUNG		
MEDICARE CLAIM NUMBER	SEX	
237-38-1439-C1	FEMALE	
IS ENTITLED TO		
HOSPITAL (PART A) 1-1-91		
MEDICAL (PART B) 1-1-91		
SIGN HERE	→ _____	
MEDICAID		
BZ66389C		